INCT | Box 1980, Hobbs, NM \$1240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT III P.O. Drawer DD, Asseia, 19M 88210 P.O. Box 2088 Santa Pe, New Mexico 87504-2088 DISTRICT MI 1000 Rio Brizos RA, Assec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

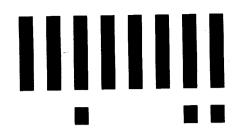
1	1	OTRA	NSP	ORT OIL	AND NA	TURAL GA	NS.					
OpenMor MERIDIAN OIL INC.					······		Well Y	Pi No.				
Address P. O. Box 4289, Farmin	aton.	New M	exic	o 874	99		1					
Reason(a) for Piling (Check proper box)	gron,					er (Please expl	ais)					
New Well		Charge in	Тимер	orter of:	-			1 12	an			
Recompletion	Oli	ď	Dry O			911	ec.	6-23	-90			
Change in Operator (X)	Casinghea	10= 🔲	Coade	-		9/1						
of change of operator give same Union	Texas	Petr	oleu	m Corpo	ration.	P. 0. I	Box 2120	, Housto	n, TX 7	7252-2120		
					<u>-</u>					•		
IL DESCRIPTION OF WELL A	ND LE	\SE	1543	Tank H	a Paraelan		Yind o	(Lesso	1 14	ase No.		
Lease Name ALBRIGHT		Well No.	root r	BASIN D	AKOTA			Federal or Fee		7865		
Location			i									
Unit LetterE	:18	∞	. Poet F	from The	<u>)</u>	<u> </u>	Fo	et From The _	ω	Line		
Section 22 Township	2	9N	Range	10W		MPM, S	AN JUAN			County		
W PROTONIATION OF TRANS	nopte	TO DO O		UD NATER	DAT GAS							
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oli		or Coades		TONALU	Address (Gi	w address to w	hick approved	copy of this fo	rm is to be se	()		
Meridian Oil Inc.	(X)			لـا	P. O.	Box 4289	, Farmin	gton, NA	<u>87499</u>			
Name of Authorized Transporter of Casing	head Gas		or Dr	y Cas [X]	Address (Gi	ve address to w	hich approved	copy of this fo	rm is to be M	m()		
El Paso Natural Gas Co	mpany		~			Box 990,			8/499			
If well produces oil or liquids, give location of teaks.	Unit	Sec.	Lak	Rga	is gas actual	ly consected?	When	7				
<u> </u>			<u></u>									
If this production is commingled with that f IV. COMPLETION DATA	rom may ou	SET POLINE CE	hoor' I	has communifi	raf curse and		 -					
T. COM DETION DATA		Oil Wel	īΥ	Ges Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	· (X)	i	i_		i	i	<u> </u>	<u> </u>	L	J		
Dete Spudded	Deta Com	pl. Ready t	o Prod.		Total Depth			P.B.T.D.				
	ļ				Top Oil/Cai	Pay		Tubing Dep				
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation						in order in			I moral to-be			
Perforations								Depth Casing Shos				
			-	- AND	CT COL	THE DECOM	PD.					
	TUBING, CASING AND HOLE SIZE CASING A TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE	<u> </u>	Sing a I	UBING	SILE	DEF IN SET							
												
								J				
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E				te desert on the	6an 6.51 2.4 km	er)		
OIL WELL (Test must be after r			e of los	d oil and mus	be equal to	or exceed lop as Method (Flow,)	nowable for in	ete.)	jor jan 24 av.			
Date First New Oil Run To Tank	Date of T	est			Liconcing	Memor (L. 1044)	hmithi 2— 1811					
Length of Test	Tubing Pressure				Casing Pro	Casing Pressure						
Actual Prod. During Test	Oil - Bhi				Water - Bb	ia.	- 1/11 -	Gas Mer	TE	M		
Actual Float During Load	Ou - Bon							1) -		<u> </u>		
CACWELL	1							- 3 7	990 L			
GAS WELL Actual Frod. Test - MCF/D	Leagth	Tost			Bola, Cook	lensuic/MMCF	— ∪[[-	CONP	Condensate			
							1	Diez	UIV.	<u> </u>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pre	Casing Pressure (Shut-in)						
VI OPERATOR CERTIFIC	ATE	E COM	PI I	ANCE	1							
VI. OPER ATOR CERTIFICATE OF COMPLIANCE. 1 hereby certify that the rules and regulations of the Oil Conservation					li	OIL CONSERVATION DIVISION						
Division have been complied with and that the information gives above						JUL 0 3 1990						
is true and complete to the best of my	knowledge /	and belief.			Da	te Approv	red		- A			
Lastin	Cahi	11/2 /	/ 1		11	• •		لالمن	d.			
Signature 7	1	71	7		Ву							
Lesile Kanwajy	Prod	I. Ser		upervis	ρη		SU	PERVISO	R DISTR	CT #3		
Printed Name 6/15/90	•	(505)3%	-9700	Ti	le			+			
Dute			slepho		11				1			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.







Job separation sheet

Submit 5 Cones
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II
P.O. Drawer DD, Artenia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							Well A	Pl No.	··· · · · · · · · · · · · · · · · · ·		
Union Texas Petro	oleum Co	ornora	tion								
P.O. Box 2120	Houston	. Texa:	s 7	7252-21	20						
ason(s) for Filing (Check proper box)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				t (Piease expia	IUI)				
ew Well		Change in	Тгала	porter of:	_			•			
ecompletion	Oil	X	Dry (ies 🗆							
hange in Operator	Caningher	nd Gas 📋	Cond	camte 🗀							
hange of operator give name											
address of previous operator				7	· · · · · · · · · · · · · · · · · · ·						
DESCRIPTION OF WELL	AND LE	ASE		KASI1	\checkmark						
ease Name			Pool	Name, Include	ng Formation		Kind o	Lease		ease No.	
Albright		6E		Dakota	-		State,	State, Federal or Fee		SF077865	
ocation											
Unit Letter E			East 1	E The	I in	and	Ea	et Error The		Line	
									-		
Section 22 Townsh	in 2	9 N	Rang	. 10W	. N	ирм. 🗦 >	an Jux	\sim		County	
Saudou & Saudou I Owner											
I. DESIGNATION OF TRAI	NSPORTE	ER OF O	IL A	ND NATU	RAL GAS						
ame of Authorized Transporter of Oil		or Conde			Address (Giv	e address to wi	vich approved	copy of this f	orm us to be st	tril)	
Meridian Oil Inc				L	P.O. B	ox 4289,	Farmin	gton, M	M 87499		
lame of Authorized Transporter of Casi	nehead Gas		or Di	y Gas 🔯	Address (Giv	e address to wi	ich approved	come of this f	orm is to be a	ent)	
El Paso Matural	Gas Co.		,,		P.O. B	ox 4990,	Farming	gton, T	1 87499	•	
well produces oil or liquids,	Unit	Sec.	Twp.	Ree	is gas actuali	v consected?	When	When ?			
ve location of tanks.	1	1		1		, 00		•			
this production is commingled with the		her lesse or		rive commine	ine celer musi						
V. COMPLETION DATA	i irom any on		poor, (, ve extende							
7. COM LETTON DATA		Oil Wel		Gas Well	New Well	Workover	Deepen	Phue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	I Ou wes	• ¦	CALL WELL	1	1	1		1	1	
Date Spudded		pl. Reedy t	o Prod		Total Depth	<u> </u>	<u> </u>	P.B.T.D.			
and Specialis		, , , , , , , , , , , , , , , , , , , 									
levations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ometi	<u> </u>	Top Oil/Ges	Pay	 	Tubing Dep	vh		
SEVENOUS (DF, KKB, KI, OK, MC.)				Turng Deput							
er orations	_				<u> </u>			Depth Casis	ne Shoe		
4144											
		TIPNIC	CAS	TNIC AND	CENENTI	NG PECOP	D	<u>'</u>			
		TUBING, CASING AND CASING & TUBING SIZE						SACKS CEMENT			
HOLE SIZE	CA	SING & I	OBING	SIZE		DEPTH SET		SACKS CEMENT			
					!			 			
											
THE REST OF THE RE	OT TOD	ALLOW	ADI					 			
. TEST DATA AND REQUE							amakla fan ski	b.a	600 6dl 24 has	1	
IL WELL (Test must be after			0 100	d oil and must					jor juli 24 nos	#3.)	
Date First New Oil Run To Tank	Date of To	est			Producing M	ethod (Flow, po	ump, gas iyi, i	uc.)			
					10 1 1			Choke Size			
ength of Test	Tubing Pr	PERMITE			Casing Press	ure .			•		
	!								Gas- MCF		
crual Prod. During Test Oil - Bbls.				Water - Bbis	•		NO.				
	i						,				
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	MMCF		Gravity of	Condensate		
					i						
stung Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) Choke S				20			
	i		•					i			
T OPEN A TON CENTER			TY 7 4	NICT							
I. OPERATOR CERTIFIC						OIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and reg						J JJ.					
Division have been complied with an is true and complete to the best of my			VES 800	JVE							
is not any continues to me near or mi	, and maring 6	<u> </u>			Date	Approve	ed	AUG 2	k 1989		
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much		2.00	_		By_			1)	3huns		
Annette C. Bisb	y Env	. & R'≥	g. S	Secrtry	-,-		:			00 4 7	
Printed Name			Title		Tale		SUPE	RVISIO	o distri	wh 🚂 💫	
8-4-89	(713)96			Title	<i></i>					
	<u>`</u>				11						

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